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Patent and Trademark Office: U.S. DEPARTMENT OF COMMENCE
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TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

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-		TION ELEMENTS concerning utility patent applications	ation contents.	Al	DDRESS TO	D: Вох Р	atent Ap	nmissioner for Patents plication DC 20231	
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inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).				_	Other:	i pilolity is	Clairre	<i>a)</i>	
NOTE FOR	ITEMS 1 & 1	3: IN ORDER TO BE ENTITLED TO STATEMENT IS REQUIRED (37 C	O PAY SMALL ENTIT	╗╽└					
		R APPLICATION IS RELIED UPO				***************************************	••••••		
16. If a CO	16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:								
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Name ((Print/Type)	Dan Gelbart		F	egistration No.	(Attomey/Ag			_]
Signatur	ro.		DI				Date	April 18 /200	7

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FEE TRANS	ΜΙΤΤΔΙ	Compl t if Known				
		Application Number				
for FY 1	999	Filing Date				
Patent fees are subject to ar	nnual revision.	First Named Inventor	Daniel Gelbart			
Small Entity payments <u>must</u> be supported otherwise large entity fees must be paid.	by a small entity statement, See Forms PTO/SB/09-12.	Examiner Name				
See 37 C.F.R. §§ 1.27 and 1.28.		Group / Art Unit				
TOTAL AMOUNT OF PAYMENT	(\$) 2,078.00	Attorney Docket No.				

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)				
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Account Name Dan Gelbart	139	130	139	130	Non-English specification	
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Under 37 CFR §§ 1.16 and 1.17	112	920*	112	920*	Requesting publication of SIR prior to	7
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Older D	115	110	215	55	Extension for reply within first month	
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2. EXTRA CLAIM FEES Fee from			242		Utility issue fee (or reissue)	41
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**or number previously paid, if greater; For Reissues, see below Large Entity Small Entity			581		Submission of Information Disclosure Stmt	
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103 18 203 9 Claims in excess of 20	146	760	246	380	Filing a submission after final rejection (37 CFR § 1.129(a))	
102 78 202 39 Independent claims in excess of 3	149	760	249	380	For each additional invention to be	7
104 260 204 130 Multiple dependent claim, if not paid 109 78 209 39 ** Reissue independent claims	Other f	aa (an	noi6 A		examined (37 CFR § 1.129(b))	\dashv
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SUBMITTED BY					Complete (if applicable)	
Name (Print/Type) Dan Gelbart		Registr Attorne			Telephone	
Signature Date April 18 /2001					/שק	

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